Employee Interview Form

Project Number:		Contractor (Employer):	
Project Name:		Subcontractor (Employer):	
1.	Name of Employee:		
2.	Home Address and Zip Code:		
3.	Last date you work on Project before today?	Number of hours worked on Project on that date?	
4.	Your hourly rate of pay? \$	4a. Are you currently receiving any ber	nefits? Yes or No
5.	Your job classification(s)?	Apprentice?	Yes or No
6.	Your Duties?		
7.	Tools or Equipment Used?		
8.	Paid at least time and one-half for all hours worked in exces (If overtime premium pay is not required, enter Ainapplical		Yes or No
9.	Ever threatened, intimidated or coerced into giving up any part of pay? Yes or No		Yes or No
10.	Duties observed by Interviewer:		
	Conform to classification?	Yes or No	
11.	Remarks: (Continue on reverse side if necessary)		
12.	Signature of Interviewer:		

	Date of Interview:	
13.	Signature of Interviewee:	
	Date of Interview:	
Payroll Examination		
14.	Remarks: (Continue on reverse side if necessary)	
15.	Signature of Payroll Examiner:	
	Date of Payroll Examination:	